

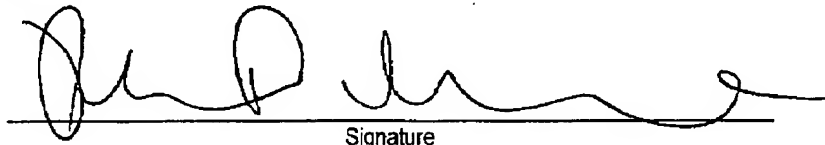
APR 17 2006

PTO/SB/97 (08-00)

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the  
Patent and Trademark Office

on April 17, 2006  
date



Signature

Philip H. Albert

Typed or printed name of person signing Certificate

In re: application of: David Anderman et al.Application Number: 10/748,527Filed: December 29, 2003Confirmation Number: 8528Title: METHOD AND APPARATUS FOR SUPPLYING ORBITAL SPACE PLATFORMS USING PAYLOAD CANISTERS VIA  
INTERMEDIATE ORBITAL RENDEZVOUS AND DOCKINGAtty Docket Number: 019524-000420US PHA/djb

Being faxed to Examiner - Gabriel S. Sukman Group 3641 at facsimile number 1-571-273-8300 are the  
following documents:

This PTO/SB/97 Certificate of Transmission (1 page);  
PTO/SB/21 Transmittal Form (1 page);  
PTO/SB/17 Fee Transmittal (1 page submitted in duplicate);  
PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate);  
PTO/SB/26 Terminal Disclaimer (1 page); and  
Amendment (4 pages)

Number of pages being transmitted: 11

60751263 v1

Townsend and Townsend and Crew LLP  
Telephone -- 650-326-2400  
Facsimile -- 650-326-2422

fax ref. # \_\_\_\_\_

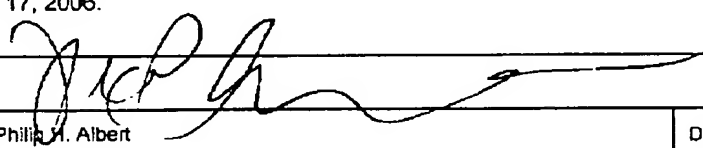
APR 17 2006

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/748,527
	Filing Date	December 29, 2003
	First Named Inventor	Anderman, David
	Art Unit	3641
	Examiner Name	Gabriel S. Sukman
Total Number of Pages in This Submission	Attorney Docket Number	019524-000420US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> <b>PTO/SB/17 Fee Transmittal Form</b> (1pg submitted in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> <b>Amendment/Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> <b>PTO/SB/22 Petition for Extension of Time</b> (1pg submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input checked="" type="checkbox"/> <b>PTO/SB/26 Terminal Disclaimer</b> (1pg) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>PTO/SB/97 Certificate of Transmission (1pg)</b> <b>this PTO/SB/21 Transmittal Form (1pg)</b>
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Philip H. Albert		
Date	April 17, 2006	Reg. No.	35,819

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on April 17, 2006.			
Signature			
Typed or printed name	Philip H. Albert	Date	April 17, 2006

60751261 v1

APR 17 2006

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

65

**Complete if Known**

Application Number	10/748,527
Filing Date	December 29, 2003
First Named Inventor	Anderman, David
Examiner Name	Gabriel S. Sukman
Art Unit	3641
Attorney Docket No.	019524-000420US

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  
Each independent claim over 3 (including Reissues)  
Multiple dependent claims

Small Entity	Fee (\$)
50	25
200	100
360	180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

-20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

-3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

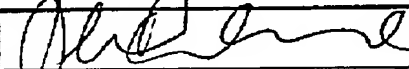
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Statutory Disclaimer

Fees Paid (\$)

65

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,819	Telephone	650-326-2400
Name (Print/Type)	Philip H. Albert			Date	April 17, 2006

60751342 v1